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published in
International Journal of Nonprofit and Voluntary Sector Marketing
2012

DOI (link to publisher)
10.1002/nvsm.1421

document version
Publisher's PDF, also known as Version of record

International Journal of Nonprofit and Voluntary Sector Marketing
Int. J. Nonprofit Volunt. Sect. Mark. **17**: 183–197 (2012)
Published online 4 April 2012 in Wiley Online Library
(wileyonlinelibrary.com) **DOI**: 10.1002/nvsm.1421

Bequests to health-related charitable organisations: a structural model

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- *Charitable organisations, which support research on serious diseases such as cancer, heart diseases or rheumatism, are to a considerable extent dependent on bequests. Because in the Netherlands, in the next decade, the number of deaths per year is expected to increase at a faster rate than the population growth, it is likely that in the future bequests, there will be an even larger source of income. This paper examines the psychological motives that determine the propensity to include a health-related charitable organisation in the will. Qualitative research by Schervish and Havens (2003) suggested that empathy for the suffering of others is the most important explanatory variable for leaving a bequest to charity. This result is examined and confirmed in a quantitative study by estimating a structural model that shows how other explanatory variables are mediated by empathy. Empathy is positively influenced by appeal of the charitable organisation, lack of family need, altruism and gratitude. Independent from empathy, generativity and personal experience with disease contribute to donations by bequests.*

Keywords: bequests, older adults/elderly, health-related charity, legacy, donations

Introduction

In many Western countries, bequests have become an increasingly important source of income for charitable organisations. In the US, a total value of $22.91 billion dollars per year is accounted for by bequests. This is 7.8% of the total sum given to the nonprofit sector. For some organisations with well-established bequest programmes, this percentage can rise to 30% (AAFRC Trust for Philanthropy, 2007). In the Netherlands, the average amount of money coming from bequests during the last 10 years was almost €200 million per year, which is 23% of the total income from fundraising (CBF, 2008). Similar to the situation in the UK (Abdy and Farmelo, 2005), there is no clear trend in this percentage. However, because of the ageing of the population, the number of deaths per year in the Netherlands will increase from 133 000 in 2007 to 216 000 in 2050 (Statistics Netherlands, 2009). If this increase is proportional to the funds coming from bequests, the available amount of money will rise by more than 60% in a population, which is expected to grow by 8.4% (16.4 million in 2007 to 17.8 million in 2050). At present, 40% of the money coming from bequests in the Netherlands is donated to health-related charitable organisations, which provide funds for research on cancer, heart diseases, kidney diseases, rheumatism and so on (CBF, 2008).

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When charitable organisations become increasingly dependent of bequests, it becomes more important for them to know how individuals decide to leave a bequest. Previous research points at the importance of tax deductions (Vickrey, 1962; McNees, 1973; Boskin, 1976), demographic factors such as having children (James, 2008), having children under 18 years living at home (Sargeant and Shang, 2008) and the income of adult children (Auten and Joulfaian, 1996) and organisational factors such as responsiveness, performance and communication by the charitable organisation (Sargeant and Hilton, 2005; Sargeant *et al*., 2006a; Sargeant *et al*., 2006b). Although tax deductions, absence of (needs of) relatives and being a professional, reliable charitable organisation are conditions that need to be satisfied for individuals to leave a bequest, it is argued that psychological motives of individuals explain at least as much variance as demographic and organisational factors (Chang *et al*., 1999).

In this study, we aim to add to the knowledge on bequest leaving by focusing on the psychological motives that individuals have for leaving a bequest to charitable organisations. We restrict ourselves to health-related organisations because motives for bequests to other types of charitable organisations, such as environment conservation or support in third world countries, may be too different, leading to an incoherent pattern. Previous studies on psychological characteristics for leaving a bequest are mostly qualitative by nature (e.g. Schervish and Havens, 2003; Sargeant *et al*., 2006a; Sargeant and Shang, 2008). Findings from these studies suggest that empathy is the central motive for leaving a bequest. The aims of this study are (1) to find out, in a quantitative way, which psychological characteristics determine the choice to leave a bequest to a health-related charitable organisation, (2) to measure how these characteristics are interrelated and (3) to verify if empathy plays a central role in this process. Knowledge on how psychological motives are interrelated in the explanation of bequest leaving can be used by health-related charitable organisations to appeal to possible bequest pledgers.

Literature review

Many psychological motives for leaving a bequest are conceivable. In this study, we restrict ourselves to motives derived from previous research on bequest leaving and donations to health-related charitable organisations: empathy, guilt, altruism, conformism, gratitude, fear, generativity, openness to solicitation and appeal by charitable organisations are considered to influence leaving a bequest.

Empathy

The concept of empathy has been considered from many different viewpoints, leading to a variety of definitions by different authors. In order of broadness, empathy may entail the following: (1) the ability to perceive the inner state of others (Hoffman, 1982); (2) not only a cognitive but also an emotional state (Duan and Hill, 1996); (3) a cognitive–emotional state with behavioural intentions (Coke *et al*., 1978); or (4) actual behaviour (Preston and De Waal, 2002) depending on the discipline of the author (Gerdes *et al*., 2010). From the perspective of charity, Granzin and Olsen (1991) have a more restrictive definition of empathy. They state that empathy involves viewing another person's situation from the perspective of that person and understanding how the situation appears to that person and how that person is reacting cognitively and emotionally to the situation. Our definition of empathy lies somewhere between the following: empathy is viewing the situation from the perspective of the other and understanding his cognitive and emotional reactions, *including* intention to act (as not in the study of Granzin and Olsen), but *not* the action itself (as in the study of Preston and De Waal). In the field of charity, the term *empathy* is sometimes used interchangeably with *identification* (Sargeant and Hilton, 2005). In this paper, we consider empathy to be the central concept.

The idea to use empathy as the central concept is mainly based on the study of Schervish and Havens (2003), although they named it *identification*. They conclude that identification or empathy is the most important motive for legacies to charitable organisations: 'self identification with others in their needs, rather than selflessness, motivates transfers to individuals and to philanthropic organisations and provides givers the satisfaction in fulfilling those needs' (Schervish and Havens, 2003, p. 132). As a first step to our analysis, we formulate the following hypotheses:

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H1: Empathy is positively related to leaving a bequest to a health-related charitable organisation.

The confirmation of this hypothesis is a necessary condition for subsequent analyses. These analyses concern the following concepts, which are possibly related to empathy.

Guilt

Guilt is an emotion that is regularly exploited in advertising; guilt appeals appear most in advertisements for health-related charities (Huhmann and Brotherton, 1997). Guilt occurs when an individual does not act according to his own standards of proper behaviour. People feel guilty when they have broken rules or when they did not carry out their responsibilities, and they also experience anticipated guilt when not acting according to a standard, which leads to unwanted consequences. Basil *et al*. (2006) showed that in the context of advertising, evoking guilt raises donation intention, but this is mediated by a sense of responsibility. Basil *et al*. (2008) developed a model in which the effectiveness of guilt appeals depends on empathy and self-efficacy. A low level of empathy may lead to maladaptive responses. Such a response occurs when an individual feels that he is being manipulated, and instead of accepting a message, the individual actively resists it. In a similar way, in a model by Hibbert *et al*. (2007), guilt serves as an intervening variable between perception of an advertisement in terms of credibility, manipulative intent and agent knowledge and intent to donate.

Altruism

Altruism is a concept of which multiple interpretations exist. Khalil (2004) distinguished between egoistic, egocentric and alter centric altruism. The egoistic variant is aimed at future cooperation from the beneficiary. In a repeated game, such as the prisoner's dilemma, a person hopes by cooperation to be paid back in the future (Guttman, 1996). This evidently does not apply to the case of bequests, because the person will not be present in the future. The egocentric variant also puts the individual in a central role, but the reward is less materialistic. We distinguish two ways of egocentric altruism. First, the person experiences vicarious pleasure from doing good from the well-being of others and also when no family relationship exists. This type of altruism is also called '*warm glow*' (Schervish and Havens, 2003) and is very similar to negative state relief (Sargeant *et al*., 2006a). Second, charity increases social status when the social deeds of the person are publicly known. Here, this effect is labelled by '*narcissism*'. Finally, there is alter centric altruism; according to Khalil (2004, p. 102), 'such a trait is not modelled as the desire to enhance the welfare of recipient, but rather modelled as springing from, what one may call, a "moral gene"'. It is a type of responsibility that comes from within and needs no further justification. In this paper, by *altruism*, we mean alter centric altruism.

Conformism

Conformism is the compliance with a social norm, which may be to donate to charitable organisations. Individuals may behave in this way even when there are no material or social gains afterward (Berkowitz and Daniels, 1964). People may conform to avoid unpleasant feelings such as guilt and shame (Tangney and Dearing, 2002). Such feelings may be evoked when donations are publicly known (White and Peloza, 2009). Compliance increases when it is expected that many others comply as well (Lopez-Perez, 2009). This mechanism explains the success of phone-ins at TV shows for fundraising.

Gratitude

Schervish (2005) argues that some donors are grateful for what they have and want to share this with others. This thankfulness is experienced as a desire to give back what has been given (Schervish and O'Herlihy, 2002). Gratitude to live a happy and healthy life is also known to have consequences for religious donations. Soetevent (2005) has shown that gratitude has a positive effect on church offerings.

DOI: 10.1002/nvsm

Fear

Hirschberger *et al*. (2008) showed that fear of pain or fear of death may have a positive effect on prosocial behaviour. They found that priming with fear of pain encourages organ donations, whereas fear of death has a positive effect on giving to the poor. On the other hand, individuals with a fear of death try to avoid discussing issues connected with death (Donovan, 1980), which can result in fewer wills among those who fear death.

Generativity

This corresponds with the need to live on (Sargeant *et al*., 2006a) but without narcissistic motives. Generativity is the concern of guiding and providing for the next generation (Erikson and Erikson, 1982). Generativity is a natural goal in the life stage between 35 and 65 years of age. It primarily applies to care for the next generation during one's lifetime. Bequests are different from 'ordinary' donation and care because of mortality salience, the fact that it refers to one's death. This has a positive effect on prosocial attitudes and behaviour (Jonas *et al*., 2002) and may therefore stimulate bequests to charities.

All psychological motives mentioned have been suggested to be related to bequest leaving or donating to charitable organisations one way or another. In this study, we consider all of them to be possible factors with a positive effect on leaving a bequest to a health-related charitable organisation. Guilt, warm glow, narcissism, altruism, conformism, gratitude, fear and generativity may be positively related to leaving a bequest to the will. However, we hypothesise that these motives will only have an effect if they generate a sufficient amount of empathy. This leads to the following hypotheses:

H2a: Guilt, warm glow, narcissism, altruism, conformism, gratitude, fear and generativity all have a positive relationship with leaving a health-related charitable bequest.

H2b: This relationship is mediated by empathy; given empathy, the relationship disappears.

Not all relevant variables that are mentioned in the literature may exert their influence by generating empathy. Some may have a direct effect, for example, the likeability of the person or organisation that asks for the bequest. Four such motives are included in the study

Openness to solicitation

Solicitation has an effect on donation. According to the Independent Sector Survey on Giving and Volunteering 1994 solicitation works, 85% of those who were asked to donate (summed over all solicitations) actually donated; of those who were not asked to donate, only 38% donated to some cause (Bryant *et al*., 2003). Some individuals, however, may be easier to encourage to donate than others. Bryant *et al*. found that openness to solicitation correlates with size of social network and going to church.

Appeal of charitable organisations

Individuals may identify with other persons, which leads to empathy. They may also be attracted by organisations, which may lead to identification. As pointed out in the study of Sargeant and Shang (2008), identification may relate to different entities. Identification may regard other donors or individual people who work for a charitable organisation. Identification may also mean a perceived correspondence between one's own values and the values of the organisation (Turner *et al*., 1983; Brewer, 1991). In focus groups, identification with the nonprofit organisation was found to be an important factor to leave a bequest (Sargeant and Shang, 2008). This is because identification leads to loyalty (Adler and Adler, 1987; Peter and Olson, 1993; Bhattacharya *et al*., 1995). Mael and Ashforth (1992) estimated a model where identification with the organisation served as a mediator between antecedents of identification and support for the organisation. As antecedents, they considered amongst others organisational distinctiveness, prestige and individual sentimentality. In order to keep the size of the model manageable, antecedents of the organisational aspects are left out of the model, and only the appeal of charitable organisations is measured.

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Lack of family need

When individuals know that their loved ones and offspring are financially well off, this may remove a block to pledge a charitable bequest. This argument was suggested in an econometric analysis by Auten and Joulfaian (1996) where they found a positive effect of the adult children's income on the contributions to charitable organisations in the legacies of their parents. It also arose in the focus groups in the study of Sargeant *et al*. (2006a), who mentioned respondents in a focus group who felt it would be 'wrong' to hand over all their money to their children because they have to earn their own living. Similar arguments appeared in the study of Schervish and Havens (2003).

Experience with disease

Motivation to give to health-related charitable organisations may increase if loved ones, friends and acquaintances or even the donor himself have experienced a serious disease (Small and Simonsohn, 2008). Mayo and Tinsley (2009) even consider this to be an explanation why wealthy people do give relatively small amounts to charity: they have less experience with suffering. Five different diseases are considered: rheumatism; cancer; heart disease; stomach, liver or bowel disease; and kidney disease.

Openness to solicitation, appeal of charitable organisations and lack of family need conceptually are independent of empathy; as a consequence, empathy may not mediate their relationship with leaving a bequest. It can be argued, however, that experience with disease may lead to empathy. It may lead also to knowledge of the existence and the work of the relevant charitable organisations, which in itself may be a stimulus to bequest giving. As a consequence, the possible mediating effect of empathy on the relation between experience with the disease and bequest giving may be relatively small.

H3a: Openness to solicitation, appeal by charitable organisations, lack of family need and experience with disease all are positively related to leaving a health-related charitable bequest.

H3b: This relationship is not mediated by empathy; given empathy, the relationship does not disappear.

The hypotheses are graphically depicted in **Figure** 1. The relations that are expected to be non-zero are represented by arrows, labelled by the corresponding hypotheses. The number of relations described in Figure 1 is large. This is a consequence of the fact that the mutual relations between the independent variables are not taken into account. It raises the question whether a more parsimonious model, with fewer variables, can adequately describe the psychological mechanism of including a health-related charity in the will. It is likely that in such a model, again, most relations are mediated by empathy.

Method

Data

The data were collected by the market research agency TNS NIPO as an assignment of the Koningin Wilhelmina Fonds, the Dutch cancer foundation. TNS NIPO runs an internet access panel of approximately 200 000 participants. The participants of this panel were recruited at random by a telephone interview.

In this study, 667 respondents 55 years and older were questioned. The interviews were completed on the internet, without the presence of an interviewer. The sample was restricted to respondents of 55 years and older because from the study of Sikkel and Keehnen (2003), it appeared that from that age on, the majority of the respondents had made a will and consequently could indicate whether they had pledged a bequest to a charitable organisation. The fieldwork period was in March 2008. The sample was selected in two stages. In the first stage, the complete panel 55 years and older was screened for having a will and having included a (health-related) charitable organisation in the will. The short screening questionnaire was filled out by 21 497 respondents. It appeared that 46.2% did not have a will, 52.7% had a will without a health-related charitable bequest and 1.1% had a will with a health-related bequest. From these respondents, a disproportionate sample was drawn. In particular, the respondents who included a health-related bequest to charitable organisations in the Netherlands were oversampled. Descriptive statistics of the sample are given in **Table** 1.

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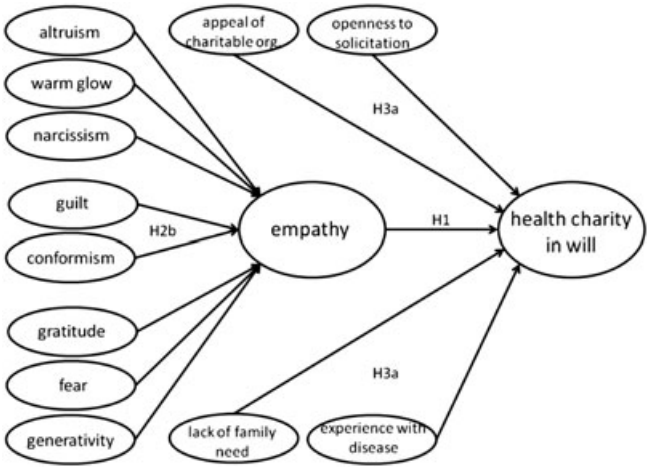

Figure 1. Graphical representation of the hypotheses.

Measurement

Having a health-related charitable organisation in the will

The variable to be explained was the binary variable having a health-related charitable organisation in the will or not. In this sample, 19.3% of all respondents ($n = 131$) included a health-related charitable organisation in the will (Table 1).

Psychological motives

On the basis of the study of Van Raay and Verhallen (1994), it was decided to use a domain-specific approach; that is, the psychological concepts were measured within the domain of charity. In this way, stronger relationships may be expected than in a more general approach. As a consequence, established scales that measure psychological concepts such as guilt, altruism and fear were not used because the domain of charity is not explicitly mentioned in these scales. The item lists had to be composed from scratch, but there was sufficient guiding theory to do so. The items are meant to tap into different aspects of the concepts and do not necessarily each measure the same underlying concept as in classical test theory (where each item is a true score plus a random error term, uncorrelated to other error terms, see, for example, Lord and Novick, 1968). Consequently, the items are not used as scales but entered individually in the analyses. For example, guilt is measured by 'Sometimes I feel guilty that there are people who are so much worse off', 'Inclusion of a charitable organisation in my will is a way to feel less guilty about the suffering in the world' and 'I feel guilty for not helping others sufficiently'. These items satisfy the domain-specific approach; they represent different aspects of guilt relevant to charity that do not necessarily correlate. However, when guilt is related to pledging a health-related charitable bequest, the multiple correlation is 0.177, where the standardised regression coefficients for the items are −0.078, 0.170 and 0.051, respectively. All items measuring the psychological motives for leaving a bequest are given in the first appendix.

Table 1. Descriptive statistics

		n	%
Health-related charitable organisation included in the will	No will	176	25.9
	Will, no health-related charitable organisation	373	54.9
	Will, health-related charitable organisation	131	19.3
Age class	55–59	215	31.6
	60–64	199	29.3
	65–74	195	28.7
	75+	71	10.4
Education	Low	137	20.2
	Low/middle	170	25.1
	Middle/high	200	29.5
	High	171	25.2
Income per year	≤€28 500	151	22.2
	€28 500–€45 000	214	31.5
	>€45,000	315	46.3
Gender	Male	347	51.0
	Female	333	49.0

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Appeal of charitable organisations

Appeal of charitable organisations is measured by two indicators: the number of charitable organisations (from a list of 21 charitable organisations) that are characterised 'have I heard of' and characterised 'appeals to me' by the respondents. The implicit assumption behind the first indicator is that individuals who find charitable organisations appealing have relatively much knowledge of such organisations. This is confirmed by the correlation of 0.374 between both indicators.

Experience with disease

Experience with disease is measured by five indicators: experience with cancer, kidney disease; stomach, liver and bowel diseases; heart disease; and rheumatism. Experience with disease is weighted in the following way: (1) people I know; (2) friends; (3) parents, children, brothers or sisters; (4) partner; (5) self.

Procedure

The analysis consists of two steps. In the first step, the three hypotheses are tested by relating all motives to pledging a health-related charitable bequest using multiple regression. For each motive, the items that were used to measure the motive served as independent variables. Dependent variable was pledging a health-related charitable bequest (no/yes). For instance, for the motive guilt, pledging a bequest was explained by each of the mentioned items by which guilt was measured. Next, in order to test the centrality of empathy in our model, all motives except empathy were separately regressed on leaving a bequest, controlling for empathy. When a motive has a significant effect on leaving a bequest, and this effect disappears or becomes considerably smaller after controlling for empathy, we can assume that empathy plays a central role in explaining why people leave a bequest: the motive is related to leaving a bequest via empathy.

In the second step, the most relevant concepts are linked together into one integrated model. To this end, used structural equation modelling as incorporated in the LISREL programme (Jöreskog and Sörbom, 1993) was used. The LISREL programme links items together, which measure the latent concepts that represent the psychological motives and other variables. Estimation was based on the correlations between the individual items. As estimation strategy, we started with the simple model that connects empathy to bequests to health-related charities and subsequently added variables that yielded significant relationships.

Results

Table 2 shows the results of the regression analysis. It partly, but not completely, confirms the hypotheses. Hypothesis 1, which connects empathy to bequests, is completely confirmed. The strongest correlation (0.310) is between empathy and leaving a bequest. Hypothesis 2a is confirmed for most motives; only conformism and fear are not significantly correlated with leaving a bequest. For hypothesis 3a, a similar result is found. Most motives are significantly related to leaving a bequest, with one exception: openness to solicitation.

Hypotheses 2b and 3b deal with the second column of figures in Table 2. According to Hypothesis 2b, there should be no significant correlations between the motives conditional on empathy. This is confirmed with the exception of guilt. Hypothesis 3b states that in the second column, correlations that were significant in the first column remain significant. For appeal by charitable organisation, this is clearly disconfirmed. In the case of experience with disease, the conditional correlation also is not significant, although not much lower than the unconditional correlation. Lack of family need yields a significant conditional correlation, which, however, is considerably lower than the unconditional correlation. Except for openness to solicitation, which seems an unimportant variable in the context of bequests, contrary to hypothesis 3b, empathy seems to play a non-negligible role for the motives in question.

Although Hypotheses 2 and 3 do take into account the relationship between empathy and the other independent variables in explaining leaving a bequest to a health-related charitable organisation, the relationships between the other independent variables are left out of the analysis. As a next step, a model was estimated in which all interrelations between variables were taken into account. In this

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Table 2. Multiple correlations between the concepts and leaving a bequest to a health-related charity: column 1, unconditional; column 2, conditional on empathy

	Multiple correlation with			
	Bequest to health-related charity		Bequest to health-related charity conditional on empathy	
Hypothesis 1				
Empathy	0.310	**	–	
Hypothesis 2				
Altruism	0.118	*	0.041	
Warm glow	0.148	**	0.050	
Narcissism	0.143	**	0.060	
Guilt	0.177	**	0.118	**
Conformism	0.079		0.043	
Gratitude	0.220	**	0.094	
Fear	0.064		0.005	
Generativity	0.118	**	0.092	
Hypothesis 3				
Openness to solicitation	0.068		0.071	
Appeal by charitable organisations	0.131	**	0.060	
Experience with disease	0.130	**	0.106	
Lack of family need	0.283	**	0.134	**

**$p < 0.05$.
*$0.1 > p \geq 0.05$.

case, the motives were measured as latent variables, like factors in factor analysis. Of all the variables, the direct and indirect relationships (via empathy) with leaving a bequest to a health-related charitable organisation were simultaneously examined. Those variables that had significant relationships were included in the final model. **Table** 3 shows the relationships between the latent variables and the individual items. For those items that were included in the final structural equation model, these are expressed by the path coefficients from the items to the latent variables, as given in the LISREL matrices $\mathbf{\Lambda}_x$ and $\mathbf{\Lambda}_y$. For the items that were not included in the final LISREL analysis, the results of a factor analysis of these items are given in terms of factor loadings. The invariably high path coefficients and factor loadings show that the scales correspond to proper dimensions.

The main result of the analysis is given in **Figure** 2, where the estimated parameters of the structural equation model are shown ($\chi^2 = 552.52$, $df = 181$, $GFI = 0.93$, $RMSEA = 0.056$, $NFI = 0.85$). As expected, empathy has the highest direct path coefficient (0.18). This is again a confirmation that empathy is the central motive for including a health-related charitable organisation in the will. Four concepts are positively related to empathy: altruism (0.49), appeal of charitable organisations (0.63), lack of family need (0.64) and gratitude (0.83). The effect of altruism is completely mediated by empathy, whereas the effects of familiarity with charitable organisations, lack of family need and gratitude also have a direct effect on including a health-related charitable organisation in the will (0.08, 0.09 and −0.06). The direct effect of gratitude on including a health-related charitable organisation in the will is negative, indicating that without empathy, gratitude for the life that one has leads to a diminished motivation to include a health-related charitable organisation. Gratitude is positively influenced by fear (0.29), which has no direct effect on including a health-related charitable organisation in the will or empathy. Finally, two concepts influence including a health-related charitable organisation in the will directly, without a mediating role for empathy: generativity (0.10) and experience with disease (0.09). None of the other latent concepts have an effect on including a health-related charitable organisation in the will, given the concepts that are included in the model.

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Table 3. Values of path coefficients linking items to concepts

Λ_x	
Altruism	
Only if I can do something for others life is meaningful	0.68
Giving to charitable organisations is a convenient way to mean something to others	0.71
It is my responsibility to help others as much as possible	0.72
Generativity	
I think often about how I can contribute to a better world	0.58
For future generations I would like that serious diseases like cancer are treated successfully	0.32
Fear	
I fear the thought of a serious disease like cancer or Alzheimer	0.61
The fear of serious diseases for me is a reason to support charitable organisations	0.68
Experience with diseaseDo (or did) you or anyone closely related to you suffer from one of the following diseases?	
Cancer	0.36
Kidney disease	0.44
Stomach, liver, bowel diseases	0.63
Heart disease	0.51
Rheumatism	0.50
Λ_y	
Empathy	
When I see how some people that I know suffer, I like to give to a good cause that can relieve this suffering	1.00
By inclusion of a charitable organisation in my will, I contribute to the relief of suffering in the world	0.98
Appeal of charitable organisations	
Appeal to me	1.00
Have I heard of	0.93
Lack of family need	
My children and other relatives are well off, so it is better to leave money to charitable organisations	1.00
When my partner is no longer alive, only charitable organisations are a useful destination for my legacy	0.97
Gratitude	
Because I have seen others recovering from a serious illness, I like to support the combat against the disease	1.00
I am thankful for the good life I had so far; I wish others to have that too, and so I give to charitable organisations	0.95
Factor loadings of concepts not used in the final analysis	
Guilt	
Sometimes I feel guilty that there are people who are so much worse off	0.80
Inclusion of a charitable organisation in my will is a way to feel less guilty about the suffering in the world	0.70
I feel guilty for not helping others sufficiently	0.81
Conformism	
In my environment, many people give to charitable organisations	0.78
Donating to charitable organisations is normal for my family and friends, so I am a donor too	0.79
When a major disaster has happened, it is normal to give to an aid organisation	0.76
Generativity	
I think often about how I can contribute to a better world	0.72
What happens to others after you die is unimportant	−0.51
For future generations, I would like that serious diseases like cancer are treated successfully	0.69
Openness to solicitation	
I am easily seduced to give to charitable organisations after a request on television or in a letter	0.77
I have often donated money when charitable organisations brought their work at my attention in a convincing way	0.68
When someone on the street asks me to give to a charitable organisations, there is a better chance that I donate than when no one asks me to give	0.65
If I would know more about legacies to charitable organisations, it is more likely that I would consider to leave money to a charitable organisation	0.61
Narcissism	
My friends and relations know that I am a donor to charitable organisations	0.69
I hope that my surviving relatives remember me as a good person	0.63
Some people start a trust on their name to finance charitable organisations after their death. I would like to start a trust with my legacy	0.51
I find it important that others see that I am a good person	0.73

(*Continues*)

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Table 3. (Continued)

Λ_x	
Warm glow	
When I am good to others, that makes me happy too	0.80
I like the idea that I can contribute to the well-being of others when I am gone	0.78
I give to charitable organisations in the first place for myself, to feel good about myself	0.47

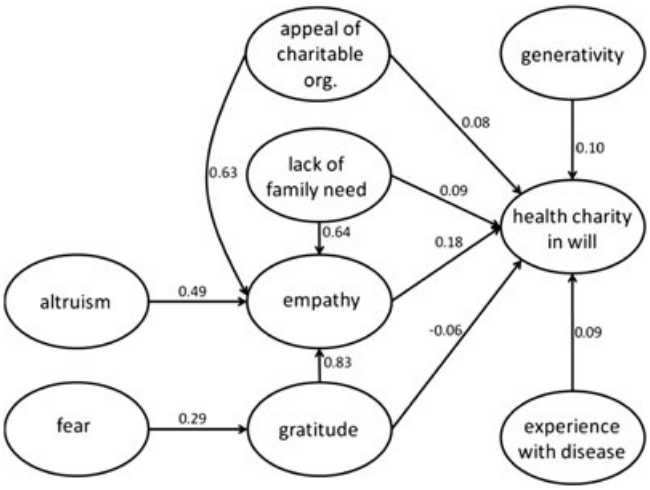

Figure 2. Relations between concepts in explaining inclusion of health-related charitable organisations in the will.

Discussion

In this study, we set out to find which psychological motives determine the choice to leave a bequest to a health-related charitable organisation, to find how these psychological motives are interrelated and to verify if empathy plays a central role in this process. In line with the qualitative research of Schervish (2005), we hypothesised that empathy is the central motive for leaving a bequest to a health-related charitable organisation. Our results confirm this in a quantitative study. The central role of empathy is apparent from the results of the following: (1) the regression analysis (Table 2), where empathy had the largest correlation with bequest pledging and, conditional on empathy, most other correlations were no longer significant; and (2) the LISREL analysis (Figure 2), where most relations were mediated by empathy. Apparently, in order to leave a bequest, it is necessary that the bequest pledger feels he or she perceives the situation as it is perceived by the victim of the illness. Our results show that empathy is positively affected when the individual finds charitable organisations more appealing, when the family does not need the bequest, when individuals are grateful for what they have themselves and when the individual is altruistic. When people have fear of becoming ill, this positively influences the gratitude for not being ill. Being grateful, without empathy, has a negative effect on including a health-related charitable organisation in the will. Without the tendency to identify with others, gratitude apparently leads to a 'happy go lucky' attitude that is not beneficial for health-related charitable organisations. Being familiar with the charitable organisation, lack of family need, generativity and experience with diseases also has a direct positive effect on including a health-related charitable organisation in the will. In Figure 2 and Table 2, our second hypothesis is disconfirmed for generativity: it is not significantly mediated by empathy. A possible interpretation is that generativity is an inborn instinct of all older humans that is hard-wired by evolution and is now independent of the actual situation of a person. We also reject a part of our third hypothesis; we expected lack of family need to be independent of empathy, but it is not. Here, a possible reason is that

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one is sensitive to the suffering of others only then when the direct environment is relatively safe. Many of the concepts that were included in the questionnaire did not make a contribution to the final model. The fact that narcissism and conformism are absent suggests that leaving a bequest to a health-related charitable organisation is a highly individual choice. Considerations of impressing or complying with the wants of others play no role. The absence of guilt, warm glow and openness to solicitation in the model suggests that the choice to leave a bequest, at least in the Netherlands, is made in a rational way, based on substantive arguments.

Several limitations apply to this study. The first set of limitations concerns the representativeness of the sample. Because we used an internet panel, all respondents have a personal computer and a connection to the internet. In the population, 87% of the inhabitants of the Netherlands between 55 and 64 years old have an internet connection; of the inhabitants between 65 and 74 years, 57% have an internet connection (Statistics Netherlands, 2009). Possibly, older adults connected to the internet are different from those who are not. Still, it seems not very likely that emotions underlying a personal decision like leaving money to charity are correlated with reasons of not using the internet. There is a second, more serious type of bias. Individuals who include a health-related charity in their will shortly before death are necessarily underrepresented. At the time of interview, they probably have not done so. Consequently, in the data, they count as respondents those who have not included a health-related charity in their will. When individuals make or change their will when they are terminally ill, it seems very likely that the process studied here does not apply. Hence, although the results may be reasonably representative for the Dutch population over 55 years, it is not representative for all legacies at the moment of death. Still, it is reasonable to assume that the model applies to a fairly large subset of decisions to include or exclude health-related charities in the will. Therefore, the model is relevant for marketers who communicate to a general public over 55 years, because their target group also is not close to their moment of death. Finally, our findings only apply to the Dutch context. It is conceivable that people from other countries value different motives or that different regulations for leaving a bequest have a strong influence. The second set of limitations concerns the causal interpretation of the model. Although structural equation models look like causal models, a strong claim that appeals to gratitude or altruism will work cannot be made based on this study alone. This requires a longitudinal approach in order to verify if changes in one factor lead to the predicted changes in other factors, especially empathy and bequest pledging. Furthermore, the impact of actual messages about bequests should be evaluated, both short term and long term. If messages succeed in changing empathic feelings, then it would be useful to target the audience on a large scale with messages that show how they can relieve the suffering in the world after their death for people to which they can relate. Finally, we do not know to what extent variables such as empathy, gratitude, and altruism can be manipulated by communication. They may be related to the main personality dimensions, which are known to be more or less genetically determined, and therefore unchangeable (McCrae and Costa, 2003). In particular, they may correlate with the dimension agreeableness, which has descriptors such as 'soft hearted' and 'trusting'. Further research can link the intrinsic motives for leaving a bequest to personality dimensions derived from other studies. If the psychological attitude cannot be influenced, the only thing left to do for health-related charitable organisations is to remind the public of the possibility of including them in their will. This may increase the likelihood that when people experience a serious disease, themselves or in their environment, they realise that a bequest is a possible way to combat the disease.

Our findings give rise to the following practical suggestions:

(1) When health-related charitable organisations communicate to possible bequest pledgers, they should focus on their empathic feelings. In communication, practitioners should encourage possible pledgers to place themselves in the situation of others. This may trigger possible pledgers with empathic feelings towards others to leave a bequest.
(2) Feelings of empathy can be positively influenced by altruism or gratitude. However, altruism or gratitude without empathy is not likely to result in leaving a bequest. It is therefore wise to connect altruism and gratitude with empathy explicitly in communication messages

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(3) Obviously, charitable organisations should also make sure that the public finds them appealing. Careful brand building is advisable, and avoiding public scandals is a must.
(4) Finding possible bequest pledgers is easier among those whose family has no need for the money, those who have experienced the disease in person or through a loved one and those with the will to live on after their death. All groups may be themes for communication.

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Appendix 1. Concepts and items

Guilt

- Sometimes I feel guilty that there are people who are so much worse off
- Inclusion of a charitable organisation in my will is a way to feel less guilty about the suffering in the world
- I feel guilty for not helping others sufficiently

Empathy

- When I see how some people that I know suffer, I like to give to a good cause that can relieve this suffering
- It is hard for me to identify with the suffering of others
- By inclusion of a charitable organisation in my will, I contribute to the relief of suffering in the world
- I can well imagine how it must be to be very ill
- When I see victims of a disaster on TV, I imagine that it could be me

Warm glow, negative state relief

- When I am good to others, that makes me happy too
- I like the idea that I can contribute to the well-being of others when I am gone
- I give to charitable organisations in the first place for myself to feel good about myself

Narcissism

- My friends and relations know that I am a donor to charitable organisations
- I hope that my surviving relatives remember me as a good person
- Some people start a trust on their name to finance charitable organisations after their death. I would like to start a trust with my legacy
- I find it important that others see that I am a good person

Altruism

- Only if I can do something for others life is meaningful
- Giving to charitable organisations is a convenient way to mean something to others
- When I give something, I do not necessarily expect something back
- People are entitled to receive support from others
- It is my responsibility to help others as much as possible
- When I give to a charitable organisation, I want to know personally the people who are supported

Conformism

- In my environment, many people give to charitable organisations
- Donating to charitable organisations is normal for my family and friends, so I am a donor too
- When a major disaster has happened, it is normal to give to an aid organisation

Gratitude

- Because I have recovered from a serious disease, I am extra motivated to give to a charitable organisation that combats the disease
- Because I have seen others recovering from a serious illness, I like to support the combat against the disease
- I am thankful for the good life I had so far; I wish others to have that too, and so I give to charitable organisations

Fear

- I fear the thought of a serious disease like cancer or Alzheimer
- The fear of serious diseases for me is a reason to support charitable organisations

Lack of family need

- My children and other relatives are well off, so it is better to leave money to charitable organisations
- When my partner is no longer alive, only a charitable organisation is a useful destination for my legacy

Generativity, need to live on

- I think often about how I can contribute to a better world
- What happens to others after you die is unimportant
- For future generations, I would like that serious diseases like cancer are treated successfully

Openness to solicitation

- I am easily seduced to give to charitable organisations after a request on television or in a letter

DOI: 10.1002/nvsm

- I have often donated money when charitable organisations brought their work at my attention in a convincing way
- The way charitable organisations present themselves makes no difference to me: whether or not I donate does not depend on that
- When someone on the street asks me to give to a charitable organisations, there is a better chance that I donate than when no one asks me to give
- If I would know more about legacies to charitable organisations, it is more likely that I would consider to leave money to a charitable organisation

DOI: 10.1002/nvsm